

**MISSISSIPPI STATE BOARD
of
PHYSICAL THERAPY**

Dear Applicant:

Enclosed you will find the forms necessary to apply for licensure as a physical therapist (PT) or physical therapist assistant (PTA), respectively. It is strongly suggested that you read the regulations prior to filling out the application, and then examine the directions entitled "**STEPS TO LICENSURE**" to see which forms are appropriate for you. Please note the following:

- (a) Applications not completed in their entirety will be returned, minus the applicable fees, which are non-refundable.
- (b) The photograph must be a "passport-style" photo.
- (c) The practice history must be current and complete (see enclosed form).
- (d) The names on the application and the licensure requirements must match the name on the driver's license or U.S. Social Security Card. We will not accept nicknames, abbreviations, or alterations.
- (e) The home address on the application is the address where this office will mail ALL correspondence. Written notice signed by the applicant is required for an address change.
- (f) All checks/money orders for fees are to be made payable to the Mississippi State Board of Physical Therapy. A \$25.00 fee will be charged for each check not cashed by an applicant's bank.
- (g) The review process regarding an application for licensure starts only after all applicable licensure requirements are on file. The review process is usually completed within two weeks.
- (h) Our overnight mail address (see "**OVERNIGHT MAIL**") is as follows:

**Mississippi State Department of Health
Professional Licensure - PT/PTA
570 East Woodrow Wilson Blvd.
Jackson, MS 39216**

Please be advised that it is illegal for any person, corporation or association to, in any manner, represent himself or itself as a physical therapist, a physical therapist assistant or someone who provides physical therapy services, or use in connection with his or its name the words or letters physiotherapist, registered physical therapist, R.P.T., licensed physical therapist assistant, L.P.T.A., or any other letters, words, abbreviations or insignia, indicating or implying that he or it is a physical therapist, a physical therapist assistant, or provides physical therapy services, without a valid existing license as a physical therapist or as a physical therapist assistant, as the case may be, issued to him or it. It is illegal to employ an unlicensed physical therapist or physical therapist assistant to provide physical therapy services.

If you have any questions regarding the above, please call (601) 576-7260 and ask for information regarding physical therapy licensure.

STEPS FOR LICENSURE

Applicants may apply for a license in one of the following ways. Please submit the completed, applicable forms as indicated:

1. Regular license type by examination

- a. Completed, notarized application;
- b. Completed Request to Schedule the NPTE Form
- c. Fees - total: PT (\$325.00); PTA (\$300.00)
 - 1) Application fee - \$125.00 (**non-refundable**);
 - 2) License fee - PT \$150.00 or PTA \$125.00; and,
 - 3) Licensure exam registration fee - \$50.00 (**non-refundable**)

These fees may be paid by either check (personal, cashier's, company) or money order and must be submitted with the required forms. Payment must be made to the **Mississippi State Board of Physical Therapy**. A \$25.00 fee will be charged for all checks returned NSF.

d. National Physical Therapy Examination (NPTE):

- 1) Exam registration is available online at the website listed below. If internet access is unavailable, contact MSDH for paper registration forms.

Federation of State Boards of Physical Therapy (FSBPT)
509 Wythe St.
Alexandria, VA 22314
1-703-739-9420
<http://www.fsbpt.net/pt>

The score for an examinee for licensure in Mississippi is automatically reported to the licensure office from FSBPT (see **NPTE CANDIDATES**). The minimum acceptable score is a criterion-reference scale score of 600.

2) Additional Educational Training is required for individuals who have been unsuccessful in passing the examination the third (3rd) time in any jurisdiction. (Enclosure)

- e. Verification of all registration/certification/licensure as a PT and/or PTA reported directly to this office from the state, province, country, or other jurisdiction issuing registration/certification/licensure, if applicable.

f. Education

1) Graduates of APTA-accredited programs - verification of education reported directly to this office from the institution. (form enclosed).

OR

2) Graduates of non-APTA-accredited programs in foreign countries - an education credential evaluation (see "**EDUCATION CREDENTIAL REVIEW**")

g. Proof of proficiency in the English language if the education program for physical therapy was in a foreign country (see **ENGLISH PROFICIENCY REQUIREMENTS**);

h. A copy of the applicant's H-1B Visa, INS Form I-94, or other legal document allowing the applicant into the United States, if applicable.

Temporary license type per section 4-4(a) of the regulations

A temporary license is available per the regulations. In addition to the requirements listed above (a-i), please submit the following form(s) (enclosed in packet):

1. Completed Supervision Agreement for Temporary License Applicants Form(s)

This form may be copied - 1 page only. The form must be on file and satisfactory to the Branch office before any license of this type may be issued. Once a temporary license is issued, changes in supervision are reported by completing a new form and submitting it to this office prior to the effective date of supervision.

The temporary licensure period for this type of license is a maximum of 90 days following issuance. A temporary license is automatically upgraded to a regular type, subject to the regulations. Please refer to section 4-5 of the regulations for pertinent information regarding this type of temporary license.

NOTE: An individual who is scheduling or has scheduled the NPTE through another jurisdiction IS NOT ELIGIBLE FOR THIS TYPE OF TEMPORARY LICENSE.

2. Licensure by reciprocity

a. Completed, notarized application;

b. Fees

- 1) Application fee - \$125.00 (non-refundable); and,
- 2) License fee - PT \$150.00 or PTA \$125.00

The fees (totaling \$275.00 for PTs or \$250.00 for PTAs) are to be payable to **Mississippi State Board of Physical Therapy** only by check or money order. A \$25.00 fee will be charged for all checks returned NSF.

c. National Physical Therapy Examination (NPTE) scores reported directly to this office from the:

Federation of State Boards of Physical Therapy (FSBPT)

509 Wythe St.

Alexandria, VA 22314

1-703-739-9420

<http://www.fsbpt.net/pt>

Acceptable Scores:

1) Prior to 3/1/94 - A score no lower than 1.5 standard deviations below the mean with a scaled score of 70

2) On or after 3/1/94 - A criterion-reference scale score of 600 or higher

All jurisdictions currently use the NPTE as the licensure exam. Scores must be reported through the standard interstate reporting format from FSBPT. The American Registry Exam is not recognized as an examination for licensure.

d. Verification of all registration/certification/licensure reported directly to this office from the state, province, country, or other jurisdiction issuing registration/certification/licensure.

e. Education

1) Graduates of APTA-accredited programs - The education section on the application must be completed;

OR

2) Graduates of non-APTA-accredited programs in foreign countries - an education credential evaluation (see "**EDUCATION CREDENTIAL REVIEW**")

f. Proof of proficiency in the English language if the education program in physical therapy was in a foreign country (see **ENGLISH PROFICIENCY REQUIREMENTS**);

g. A copy of the applicant's H-1B Visa, INS Form I-94, or other legal document allowing the applicant into the United States, if applicable.

Temporary permit per section 4-4(b) of the regulations

NOTE: A maximum 60 day may be issued to applicants who have on file and satisfactory to this office: 1) the completed licensure application (including fees and practice history); 2) the verification of one current license from a jurisdiction with license requirements equal to or greater than those in Mississippi; 3) the Mississippi address of record where the applicant will live; 4) proof of proficiency in the English language, if applicable; and, 5) an education credential evaluation, if applicable. During this period all other documentation required for a regular license must be verified directly to the Branch.

In Mississippi, a PTA issued a regular license may only practice under the direct, on-site supervision, as defined in section X of the regulations, of a PT (see enclosed PTA supervision reporting memorandum also).

NPTE CANDIDATES

Computer-based testing (CBT) is the method of examination available in Mississippi. An applicant for licensure desiring to register for the NPTE through this jurisdiction must have all applicable licensure requirements, including fees, on file prior to being approved for the exam. Graduates of non-APTA accredited programs should not submit the exam application fee to this office or the NPTE fee to FSBPT until academic credentials have been approved by the Department or risk forfeiting these fees. Once an applicant is approved, the Branch will notify the FSBPT on the following Friday. The candidate will receive information regarding the scheduling of the exam from the FSBPT approximately one week later. Any exam candidate who fails to comply with the letter of notification from the FSBPT will have his or her temporary license revoked, if applicable, forfeit the appropriate fees, and must re-register for the exam. Please note that an applicant for licensure by exam will be assessed a non-refundable fee by the CBT vendor for computer use when the applicant actually calls the vendor to schedule a time and date for the exam.

It is the candidate's responsibility to ensure that the exam is taken and the score reported prior to the expiration of any temporary license that may be issued to the candidate.

Any applicant for licensure by examination requesting special accommodations under the Americans with Disabilities Act (ADA) must submit the request along with any and all supporting documentation when the exam forms and the exam registration fee are filed with this office. A decision regarding the request will be made prior to the applicant being approved for examination. The applicant will be contacted as soon as a decision is reached.

All questions concerning the transfer of NPTE test scores from one jurisdiction to another jurisdiction should be addressed to the FSBPT at 1-703-739-9420 or <http://www.fsbpt.net/pt>. If there is a question concerning the status of applications for CBT and/or their authorization-to-test letters, please call FSBPT NPTE at 1-703-739-9420.

EDUCATION CREDENTIAL REVIEW

The Professional Licensure Branch has recognized the masters degree conferred by the University of Mississippi Medical Center (UMMC) as the prevailing standard. Effective July 1, 1996, the Branch will only accept credential evaluations based on this standard that are performed and reported to this office by one of the agencies listed below. Please contact one of these credentialing agencies for all information needed with regard to applying for an evaluation.

Approved Credentialing Agency

1. Foreign Credentialing Commission on Physical Therapy (FCCPT)
511 Wythe Street
Alexandria, VA 22314
www.fccpt.org
(703) 684-8406 Voice
(703) 684-8715 Fax

ENGLISH PROFICIENCY REQUIREMENTS

Any applicant who is a graduate of a PT program in a foreign country is required to submit documentation, acceptable to the department, of proficiency in the English language (see section 4-3(d)(e) of the regulations). The minimum, acceptable scores needed for licensure are as follows:

- A. Test of English as a Foreign Language (TOEFL)
-Minimum total score of 560 (paper & pencil) or 220 (computer);
- B. Test of Spoken English (TSE)
-Minimum score of 50; and
- C. Test of written English (TWE) or Essay Test
-Minimum score of 4.5.

NOTE: All reports of exam scores must be sent directly to the Department from the examining authority.

Applicants interested in taking the above referenced examinations should contact:

TOEFL/TSF Services
P.O. Box 6151
Princeton, NJ 08541-6151\USA
(609) 951-1100

The code used to request that scores be reported to the Mississippi State Department of Health, Professional Licensure Branch is 9859.

OVERNIGHT MAIL

Requirements for licensure may be sent via overnight mail. However, overnight mail packages containing official, verification documents must be shipped directly to the Department of Health from the institution or agency office. The licensure requirement should be sealed in an official envelope of the reporting office within the overnight package. Official, verification documents mailed through the applicant or a third party will not be accepted for licensure purposes.

Enclosures:

1. Licensure Application
2. Verification of Licensure
3. Verification of Education
4. Practice History form
5. Request To Schedule The NPTE
6. Supervision Agreement for Temporary Licensure Applicants
7. PTA Supervision Reporting Memorandum
8. Additional Training/Education Requirements for Licensure Applicant
9. *Regulations Governing Licensure of Physical Therapists and Physical Therapist Assistants*

Mississippi State Board of Physical Therapy

Additional Training/Education Requirements for Licensure Applicants

1. Any applicant for licensure who has failed the exam three (3) times, after the effective date, must complete a Mississippi State Board Physical Therapy (board) approved plan of additional training prior to sitting for the exam again. The additional training requirement is applicable regardless of whether the examination was taken in Mississippi or other jurisdictions.

The applicant should submit a tentative plan based on any perceived shortcomings in preparing for the exam and upon consultation with a representative of the professional program from which the applicant graduated. The applicant may also provide information for review by the board, or its designee, regarding the types of educational opportunities that are immediately available to the applicant. The board will notify an applicant of the outcome of the board review.

2. Evidence satisfactory to the board, or its designee, that the additional training has been completed shall be filed with the board. The applicant will be instructed by the board, or its designee, with regard to the method of verification of the training when the training is approved.

Written notification of the review decision will be sent to the applicant. A detailed report will be provided to the applicant for training that is determined to be unsuccessful or incomplete. The applicant must satisfy any shortcomings reported by the board, or its designee, before being allowed to sit for an ensuing exam.

3. An applicant who is notified of the successful completion of the additional training may sit for the NPTE. The applicant will be provided registration instructions and materials with the notice. **An applicant may sit for the NPTE a maximum of four times in a twelve month period.**

An applicant who twice fails the exam after completing the additional training will not be allowed to sit for the exam in Mississippi unless good cause is shown. Any request for review of an applicant's situation must be in writing and must list any and all reasons for relief from this policy. The board shall determine good cause.

An applicant who has taken the exam more than five (5) times in any jurisdiction and who is not licensed, after the effective date, is not eligible to sit for the examination in Mississippi. An applicant who holds licensure in any jurisdiction where the NPTE passing score is not equal to or greater than the passing score for Mississippi licensure is not eligible for examination in Mississippi.

NPTE scores must be reported from the Professional Examination Service (PES), or its successor, directly to the board.

Physical Therapist (PT) and
Physical Therapist Assistant (PTA)

Application for License

(Please type or print in ink)

Office Use

Check No. _____

Amount \$ _____

Date ____/____/____

License Type

PT ☐
PTA ☐

Temporary per section 4 - 4 (a) ☐
(if applicable see "Steps to Licensure") 4 - 4 (b) ☐

Personal

Name: _____
(Last) (First) (Middle)

Home Address: _____
(Street)

(City) (State) (Zip Code) (County)

Telephone Number (____) _____

U.S. Social Security No. - -
Date of Birth: - -

Race: _____ Sex: Male ☐ Female ☐ U.S. Citizen: No ☐ Yes ☐ Legal Alien: No ☐ Yes ☐ Visa Type & No.: _____

Professional

Employer: _____

Business Address: _____

(City) (State) (Zip Code) (County)

Telephone Number (____) _____

Practice Type

Insert # _____

1. Patient Care
2. Administration
3. Teaching
4. Research
5. Other Activity
6. Not Active in PT

Practice Setting

Insert Primary # _____

Secondary # _____

1. >100 Bed Hospital
2. <100 Bed Hospital
3. Nursing Home
4. Home Health
5. Physician's Office
6. School
7. Private Practice
8. Outpatient Facility
9. Other
10. Not Applicable

Education

If applicable, verification of education must be submitted (see "Steps to Licensure").

School _____
(Name) (City) (State) (Country)

Type of Degree _____ Date _____

Licensure

Have you ever been licensed or registered in any state, territory or country? No ☐ Yes ☐ If yes, list all jurisdictions (current/not current) including Mississippi. *All licenses/registrations must be verified by the jurisdiction - with board seal. (See Verification of Licensure Form.)*

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____

Licensure *(continued)*

Have you ever had a license or permit encumbered in any way, i.e., revoked, suspended, rejected, placed on probation, etc? Any action must be reported by the jurisdiction with the verification of licensure/registration. No ☐ Yes ☐

Are there any criminal or civil suits pending against you? No ☐ Yes ☐

Have you ever been convicted of any violations of law (except minor traffic violations)? No ☐ Yes ☐

Examination *(See "Steps to Licensure")*

Have you ever taken the National Physical Therapy Exam (NPTE) in any jurisdiction? No ☐ Yes ☐

If yes, how many times? (*check one*) ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

If no, are you now, or have you ever, registered for the NPTE in any jurisdiction? No ☐ Yes ☐

Occupational Status

Attach completed Practice History form

Fees

Make check or money order payable to:

Mississippi State board of Physical Therapy

Fees enclosed: <u>\$125.00</u>	Application (non-refundable)
<u> </u>	Initial License - PT \$150.00
<u> </u>	Initial License - PTA \$125.00
<u> </u>	Exam Registration Fee (non-refundable)
<u> </u>	Total

I, the undersigned, do solemnly swear or affirm that I am the above applicant. I have read the above application and all statements contained therein or accompanying this application are true to the best of my knowledge and belief. I have also read and understand the Regulations Governing Licensure of Physical Therapists and Physical Therapist Assistants and affirm that all conditions for licensure have been met and will be maintained.

(Applicant's Signature)

Complete form, enclose fee and mail to:
Mississippi State Department of Health
Professional Licensure: Physical Therapy
Post Office Box 1700
Jackson, Mississippi 39215-1700

Attach Copy
of Driver's License
or
U.S. Social Security Card

Attach Photo

Subscribed and sworn to before me this _____ day
of _____, 20 _____.
My commission expires _____.

(Notary Public)

PRACTICE HISTORY

Instructions: Please list the facility, home health agency, etc. where you have practiced, its location (city and state), and the dates you practiced there, in chronological order beginning with your most recent practice site. Copy this sheet if additional space is needed. You may attach a resume if the necessary information to complete this sheet is on the resume.

	Facility	Location	Dates of Practice
1			
2			
3			
4			
5			
6			
7			
8			

SUPERVISION AGREEMENT FOR TEMPORARY LICENSURE APPLICANTS

PRINT OR TYPE ONLY

Temporary License Applicant:

name

home address

city state zip

employer name

address

city state zip

Facility/Agency Name, Address and Telephone Number (Once licensed, the applicant may only practice at the facilities/with the home health agencies listed on this form. Additional practice sites may be listed on a sheet of paper and attached to the form.)

1.

2.

3.

Supervisor:

Name: _____

License # _____

Beginning Date of Supervision: ____/____/____

I hereby certify and affirm, under the penalties of perjury, that the information on this form is correct. I understand that, as a physical therapist, I may practice only under the direct supervision of the above named supervisor, or, as a physical therapist assistant, practice under the above named supervisor in accordance with the supervision provisions for physical therapist assistants listed in Section X of the *Regulations Governing Licensure of Physical Therapists and Physical Therapist Assistants* in the facilities/agencies listed on this form and only after a temporary license is issued to me.

applicant signature

date

I hereby certify and affirm, under the penalties of perjury, that the information contained on this form is correct and that I will provide supervision for this applicant at all times when practicing at the listed facilities/agencies. I understand and accept fully that I am responsible for the practice of the applicant once a temporary license has been issued. I agree that I will contact the Professional Licensure Office, in writing, and provide copies to the supervisee and to the administrators of the facilities/agencies listed on this agreement within three (3) days of the termination of this agreement.

supervisor signature

date

Upon completion the supervisor should mail this form to the:

**Mississippi State Department of Health
Professional Licensure - PT
P.O. Box 1700
Jackson, MS 39215-1700**

REQUEST TO SCHEDULE THE NPTE

Instructions: Complete form, attach exam fee in the amount of \$50 (payable to MSDH), and mail to the Professional Licensure Branch. All licensure requirements must be on file and satisfactory to this office before an applicant will be allowed to schedule an exam date and site (see licensure packet).

Applicant:

1. Name: _____

2. Social Security #: _____

3. PT/PTA School _____

Date of Graduation _____

4. Request for Special Accommodations under the Americans with Disabilities Act (ADA) - Circle one YES NO

If yes, please submit all documentation supporting your request with this form and the exam fee.

I, the undersigned, do hereby certify and affirm, under the penalties of perjury, that the information contained on this form, and, if applicable, submitted in support of it, is true to the best of my knowledge and belief.

signature

date

Physical Therapist and Physical Therapist Assistant
Verification of License in Another State

To be Completed by Applicant *(Please print or type)*

Social Security No.: _____ - _____ - _____

Name: _____

Licensing Authority: _____ Number: _____ Date Issued: _____
(State, Territory, or Country)

(Applicant Signature)

To be Completed by Secretary of Licensing Board

Licensee's Name: _____

License Type (PT/PTA): _____

License Number: _____

Date Issued: _____

Expiration Date: _____

Licensed By: NPTE: _____

Reciprocity with: _____

Other: _____

Has license ever been disciplined? ☐ No ☐ Yes *(if yes, please attach findings and disposition.)*

Remarks: _____

Licensing Board must return to:
Mississippi State Department of Health
Professional Licensure: Physical Therapy
Post Office Box 1700
Jackson Mississinni 39215-1700

(Authorized Signature)

This document must show Seal of licensing agency.

Seal

Verification Of Education For Licensure In Physical Therapy

Instruction To Applicant:

Upon completion of the demographic information and waiver below, this form should be signed, notarized, and forwarded to the college or university where you obtained your degree in Physical Therapy.

Name (Last, First, Middle Initial)	Maiden Name or Given Surname
Address (Street, City, State and Zip Code)	Phone No. Home Work () ()
Social Security Number	Date of Graduation
License Applying For (Check One): <input type="checkbox"/> Physical Therapist (PT) <input type="checkbox"/> Physical Therapist Assistant (PTA)	

Waiver For The Release Of Information:

I am applying for licensure as a PT/PTA in the State of Mississippi. I hereby authorize the verification of my degree conferred and further authorize the release of any transcript or other information, favorable or otherwise, to the Mississippi State Department of Health, Professional Licensure – Physical Therapy, should this information be requested at any time.

Subscribed and sworn to before me this day of _____ 19____

My commission expires _____ 19____.

Notary Public

Seal

Date

Signed

Instructions To Educational Institution:

Upon completion of this form please send directly to:

Mississippi State Department Of Health
Professional Licensure - Physical Therapy
P.O. Box 1700
Jackson, MS 39215-1700

Name of Institution	Location of Institution (City&State)
Dates of Attendance (Month/Year) From: To: Date of Graduation	Total Number of Academic Years Type of Degree Conferred
Program Name & Curriculum Description	Date of Practicum/Internship From: Month_____ Day_____ Year_____ To: Month_____ Day_____ Year_____ Total Hours:
Physical Therapist/Physical Therapist Assistant Program Accreditation (on date degree conferred) PT Program Accredited by APTA <input type="checkbox"/> Yes <input type="checkbox"/> No PTA Program Accredited by APTA <input type="checkbox"/> Yes <input type="checkbox"/> No	

Seal of the College or University

Name

Title

Telephone Number

Date

MEMORANDUM

TO: Licensed Physical Therapists (PT) and Physical Therapist Assistants(PTA)

FROM: Stephanie Boyette
Professional Licensure

RE: REPORTING OF SUPERVISION FOR A PTA WITH A REGULAR LICENSE

Effective May 1, 1994, the policy for the reporting of supervision of a PTA holding a regular license will change. The new policy is as follows:

1. The supervising PT is responsible for maintaining documentation regarding any licensed PTA under his/her supervision. This is to include but not be limited to the following information:
 - a. The name of the PTA
 - b. The effective date of supervision
 - c. The name of the facility and/or the type of environment in which the PTA is assisting the PT in the provision of physical therapy services.

The documentation must be current and made available to Department staff upon request.

A PTA must have a supervisor of record before the PTA may start to assist the PT in the provision of physical therapy services (see Section X of the regulations).

Please remember that no more than two (2) PTAs may be supervised by a PT. Supervision includes being accessible by telecommunications at all times while the PTA is treating patients.

As you will note, the PTA supervision requirements in the Regulations Governing Licensure of Physical Therapists and Physical Therapist Assistants have NOT changed. The reporting of the supervision of a physical therapist assistant is the only change affected by this policy. The PTA Supervision Agreement is obsolete for a PTA with a regular license. All agreements on file in this office are considered invalid. The supervising PT should immediately start a documentation file for any PTA with a regular license under his/her supervision.

It is incumbent upon the PTA to know who is supervising his/her practice of assisting the PT in the provision of physical therapy services at all times.